## EXHIBIT 1

2961011



## State of California **Secretary of State**

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## STATEMENT OF INFORMATION

(Domestic Stock Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter if name is preprinted.)

SILICON TEST SYSTEMS INC.

	This Space For Filing Use Only
DUE DATE: MARCH 26, 2007	
CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1)	
A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI-PT) annually, within 150 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.	
COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)	
2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE  1331 SIETTA AVE. SON JOSE CA	ZIP CODE 95/26
3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY  1331 STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY  1360 JOSE CA	STATE ZIP CODE  CA 95176
AMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title or the specific officer may be added; however, the preprinted titles on this form must not be altered.)	
4. CHIEF EXECUTIVE OFFICER ADDRESS CITY AND STATE  ROM, MOINTEL 133/ 5) ELGA AVE. SAP	7050 ZIP CODE 7050 95/26
5. SECRETARY! ADDRESS CITY AND STATE ROM! MONDEY 1331 SIECOS AUF. Syn	Juse 95126
6. CHIEF FINANCIAL OFFICERY ADDRESS CITY AND STATE ROMI MAN DEV 1391 STETTA AUR. SAND	Jose SIPCODE 95/26
NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)	
7. NAME O ADDRESS CITY AND STATE	ZIP CODE
Komi Mayder 1331 SIErra Aut. San	DSC 95/26
8. NAME / ADDRESS CITY AND STATE	ZIP CODE
9. NAME ADDRESS CITY AND STATE	ZIP CODE
10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:	
AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 12 must be completed with a California address. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 12 must be left blank.)	
11. NAME OF AGENT FOR SERVICE OF PROCESS	
[egal toom, (DM)	
12. ADDRESS OPAGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY	STATE ZIP GODE  CA
TYPE OF BUSINESS	
13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION DEVICE TESTING	
14. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE COMPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.	
Romi Mayder  TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM  SIGNATURE	C.E.O., Jan. 7,7007
SI-200 C (REV 07/2006)	APPROVED BY SECRETARY OF STATE